



King County

Health Reform Planning Team

March 25, 2013

2:00 to 4:00 p.m.

401 5th Ave, Seattle – Room 121/123

Attendees: Heidi Albritton, Rosemary Aragon, Dave Budd, Bolivar Choi, Jerry DeGriek, Jennifer DeYoung, Mike Easterday, Patricia Edmond-Quinn, Jesse Eller, Sharon Farmer, Brigitte Folz, Charissa Fotinos, Gregory Francis, Beratta Gomillion, Karen Hambro, Patty Hayes, Mike Heinisch, David Johnson, Sean Johnson, Betsy Jones, Colleen Kelly, Pat Knox, Elaine Ko, Cara Lauer, Julie Lindberg, Linda Madsen, Terry Mark, Anna Markee, Susan McLaughlin, Katy Miller, Erika Nuerenberg Melroy, Michael Owens, Suzanne Pak, Rose Quinby, Holly Rohr Tran, Sarah Sausner, Dani Schaeffner, Amnon Shoenfeld, Kathleen Southwick, Karen Spoelman, Janet St. Clair, David Stone, Debbie Thiele, Carrie Vanzant, Pran Wahi, Shawn West, Bill Wilson, Janna Wilson, Carol Wood, Kirsten Wysen

Joined Remotely: Jay Kang, Melet Whinston

----- Notes -----		
Welcome & Introductions	Jen DeYoung and Susan McLaughlin	2:00
Updates	All	2:05
<p>Jennifer DeYoung offered the following legislative updates:</p> <ul style="list-style-type: none"> Proposed rules around Essential Health Benefits (EHB) are being reviewed. The Washington State Office of the Insurance Commissioner (OIC) recently posted another version of the proposed rule; there is still time to weigh in on and provide the OIC with comments on what the EHB package should look like. The Washington State Health Care Authority recently put out strawman proposals for the benefit plan and cost-sharing for the Medicaid expansion population and asked for stakeholder comments. King County submitted comments on both proposals. <p>David Johnson noted that recent reports indicate that the Washington State Senate budget is not expected out until after Easter.</p>		
Integration of Services:	Susan McLaughlin	2:15
<ul style="list-style-type: none"> Dual Eligibles Demonstration Project update <p>King County is still considering whether or not to participate in the duals financial alignment demonstration project. As part of the earlier negotiations, King County and City of Seattle Staff are participating on an implementation team (including others from Snohomish County as well as the state, HCA, and DCHS). The implementation team has been working on selection of health plans, and will have an ongoing role with design, implementation and ongoing performance monitoring.</p> <p>The Metropolitan King County Council will need to approve the final 3-way contract between the</p>		

state, CMS and the successful health plan(s) before King County can participate in the demonstration project. It is anticipated that this will happen sometime in Fall 2013.

- **Health Home Networks update**

The state has released an RFA in Pierce County and identified lead entities there. They recently released RFAs for Coverage Areas 5 and 7 (SE and SW Washington).

King County staff recently learned that if the Strategy 2 Duals Demonstration Project moves forward, the state won't release an RFA for Health Home Lead Entities for King County until the financial alignment demonstration is completed (3 years from beginning of demonstration project). King County is interested in continuing to have a leadership role in the development of a coordinated health home network and plans to partner with health plans in the delivery of health home services (as well as Duals), but won't pursue as a lead entity.

Integration of Services:

Judy Clegg and
Betsy Jones

2:30

- **Health and Human Services Transformation work in King County**

Betsy Jones explained that King County has been working with the [Health and Human Services Transformation Panel](#) (30 panelists appointed with specific direction from the Metropolitan King County Council) to propose a plan to Council by June 1. The Panel is working to design an accountable and integrated system of health, human services, and community-based prevention. Currently there are silos of excellence doing this work, but we think we can get more if we approach this as a collective. The Panel held their 3rd meeting last week where Judy Clegg presented an approach to coordinating services that builds upon a shared agenda and common outcomes and performance measures.

Judy Clegg (consultant working with the Transformation Panel) noted that the Transformation Panel is building upon the work of the Health Reform Planning Team including the Framework for An Accountable System of Care adopted by the Planning Team in June 2012. At the February 27 Transformation Panel meeting, representatives from Vermont and Oregon talked about their integration efforts (many Planning Team members were also in attendance). Since then the Transformation group (staff, consultants, panel members) has been talking about complex systems, historical divisions, and how to approach creating a collective unit toward achieving common goals together. How can interested parties (funders, service providers, etc.) be brought together toward specific outcomes, and how will it be measured? It was proposed to the Panel that a Collective Impact mechanism and culture change be developed. The following presentations (2) were presented to the Panel at their March 20 meeting; The core staff team received a lot of feedback on what parts made sense and what parts didn't, including ways to enhance the overall design plan. That feedback is being incorporated into the sections of the written plan. What was presented today was the original DRAFT presentation and not an updated version.

Judy presented the Collective Impact slides (attached).

David Stone asked whether Human Services has been defined for this work. Judy answered that the assumption is the broader the better, and should be approached through the lens of "What services do folks in the community need to achieve health and well-being?"

Beratta Gomillion asked whether Behavioral Health is considered part of the Healthcare community or Human Service community in the model Judy presented? Judy noted that those divisions would be gone, all would just be part of the collective movement.

Jerry DeGrieck noted that there are lots of ways to go with this, and that the example of the Road Map for Education Results by CCER is a good one. However the task of education outcomes seems smaller than coordinating an array of different services and funders (feds, state, etc.) to align everything that everyone is trying to do for health and well-being; the task seems daunting. An alternative may be to take an important part of something we need to have happen in the Health and Human Services realm to align with some outcomes, rather than having everyone fit everything they do into one rubric. Judy agreed that the group should try to figure out what makes sense as a starting point. The idea would be that we need to figure out what goals make sense and what services we can provide in our community to help us achieve those goals. The key being to look at goals in a unified way and look at service needs in a unified way rather than putting them in siloes.

Mike Heinisch discussed that the CCER organization operates in the background, not out in the field. How will it work at the County when we (in the field) are the ones providing services? Judy explained that the supporting organization is a main part of the organization, and that this was an issue of responsibilities. Service providers would operate under a *compact agreement* (agreeing to work on this together) vs. funders who typically operate through a *contract agreement* (agreeing to provide a defined set of services based on budget available). Through this structure, funding may begin to align with achieving the goals the collective impact process identifies.

Janet St. Clair remarked that she has heard a lot of good things about the Road Map, but noted that we have a much shorter time, and no dedicated money to do this work.

Colleen Kelly shared her excitement in seeing this work go forward, and wondered given the complexity and number of outcomes and goals whether there will be a prioritization. Judy noted that this is important to figure out – a starting point should be identified and the work grown from there.

Carol Wood noted that many in this room have done collective work before (around MIDD, other initiatives), and proposed that work start with goals that were already agreed on before and that are now in place.

Suzanne Pak remarked that she listened in on last week's panel and has been thinking about above and beyond services, and how to make those available to more folks.

Brigitte Folz appreciated the thoughtful approach this design affords and added that the goals may be very complex. As folks consider that many of us may end up aging into duals, differential goal-setting may be needed.

Judy presented The Transformation Design slides (attached).

David Johnson suggested that the term "Care" (referenced on slide 2) is outdated. Perhaps we should approach the work not as how to take care of needy, but rather how to support and empower individuals to use the strengths they have in order to achieve their goals.

Judy remarked that while many in the room's efforts focus on individuals and families, Public Health has most practice with community-level efforts. Many are learning about how community health impacts individual health, and how individuals must be at the center of service delivery. This concept is easy to talk about, but hard to put into practice.

Pran Wahi asked what kind of Community Involvement is being talked about in slide 8. Judy noted this is to be thought of as broader vs. narrower, as mostly residents of King County.

Janet St. Clair noted the importance of defining and writing down what we've done so far, so as to build on past efforts.

An attendee suggested that the provider group that is in this meeting are those that already have

a relationship with the County, but there is also a whole range of other providers that are not traditionally involved with County government; how will they be involved them? Judy agreed that it is important to broaden discussion participation.

Jesse Eller proposed that a model person scenario be developed to show electeds. This model would demonstrate how many systems touch one person in coordinated fashion, and how a public/private partnership could look.

Mike Heinisch noted that the Road Map collaborators applied for and obtained grant monies after they made a commitment to work together.

Jerry DeGriek discussed how useful the Road Map has been in the City of Seattle – as it tries to align funding for education, looking at outcomes has been helpful in determining funding.

Carol Wood pointed out that finding the best measurements can be really challenging.

Mike Heinisch shared that the first report the Road Map project received contained some unfavorable indicators. Folks doing this work have to be ready for some unfavorable/unanticipated data, and have political will to say “this is going to work”.

Someone asked how Human Service providers were incorporated into this Road Map. It was noted that a wholeness approach has to include Human Service providers; look at Race to the Top proposal. It was recognized that Human Services need to be a part of getting good education.

Janna Wilson discussed some other models for this work (outside of education) including work in Akron, OH. The work there was a collaboration between the healthcare and business sectors, stemming from a problem around the economic system, and a workforce shortage. The work engaged more Human Service providers. There are also models to be found in other places, around homelessness and implementing hot-spotting.

Judy thanked the Health Reform Planning Team for their willingness to hear about this work and their good feedback, which will be shared with the Transformation Panel.

Access:	Jen DeYoung and Patty Hayes	3:25
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- **Update on King County’s outreach and enrollment planning efforts**

Jennifer DeYoung reviewed new health coverage requirements, the timeline for enrollment, how it impacts our community and King County’s outreach and enrollment plan. See slides attached.

Jerry DeGriek asked why there was a limited enrollment period for the Exchange. Meeting members suggested the Exchange was modeled after the private insurance market, and that perhaps setting rate plans annually affected this. It was noted that qualifying life events do allow for enrollment outside of the open enrollment period.

Jennifer mentioned that the Leadership Circle General Members Group will be open to any leader in the community who wants to be involved in carrying enrollment messages and being a leader in this area. Jennifer will share more information on the Leadership Circle, including how to get involved in the General Members Group, in the future.

- **In-person Assister (formerly Navigator) grant**

Patty Hayes discussed Public Health-Seattle & King County’s (Public Health) plan to apply as Lead Organization for the In-Person Assister grant (formerly referred to as the Navigator Program; the name was changed to align with the funding source coming from the federal

government). The 18-month grant will start July 2013 and go through December 2014. Lead organization status will be given to organizations to provide outreach and enrollment in pre-determined geographic areas or to special population groups. There is a separate application track and funding for tribes.

King County lead entity(s) may be awarded up to \$1.6M, the majority of which will be pushed out to organizations working directly with clients who will be part of the lead entity(s) network. To determine who would be in Public Health's network, Public Health worked with King County Procurement to set up an expedited RFQ process. This way Public Health can reflect its network in its grant application. This RFQ opportunity is expected to be released the first week of April (with approx. 10-day turnaround). (Note: It is posted [here](#).) If Public Health receives lead status, contracts will start July 1, 2013. The network and contracts will be funded at the same time. Training and certification will be required for In-Person Assisters. Although "In-Person Assister" will be a permanent designation, continuing education is required and will be the responsibility of the Assister's home organization (ongoing funding is expected to be at half or less).

Public Health has been mapping uninsured and hard to reach populations, and is looking at a number of focus areas (including City of Seattle, homeless, other efforts by city, colleges and training centers). Public Health is also looking for where it might be possible to receive in-kind offers (e.g. KCIT has offered a social media staff person).

Suzanne Pak noted for this group (and to pass on for the Transformation Panel) that folks in the community are concerned about lack of digital access for the homeless and poor for purposes of enrollment. Patty Hayes noted that Public Health staff Daphne Pie has applied for monies from DSHS to get digital access equipment for placement at Housing Authority sites. FFF is discussing not only language accessibility, but also how to bump up hand-held technology on the system and the possibility of equipping folks with scanners. In addition, the Washington Health Benefit Exchange has compiled an equity task force to evaluate how we are being relevant to community members.

Wrap Up and Next Steps

Jen DeYoung and
Susan McLaughlin

3:55

Jennifer DeYoung thanked attendees for their participation and noted that slides from this meeting will be posted on the Health Reform Planning Team's website.

Susan McLaughlin noted that the Health & Human Services Transformation Panel has a website (<http://www.kingcounty.gov/exec/HHStransformation.aspx>) as well, where information about the Panel and its meetings are posted.

Meeting Adjourned

4:00

Next Meeting: April 22, 2013; 2:00-4:00pm; Rooms 121/123.

Collective Impact

Health and Human Services Transformation Panel

March 20, 2013

What is Collective Impact?

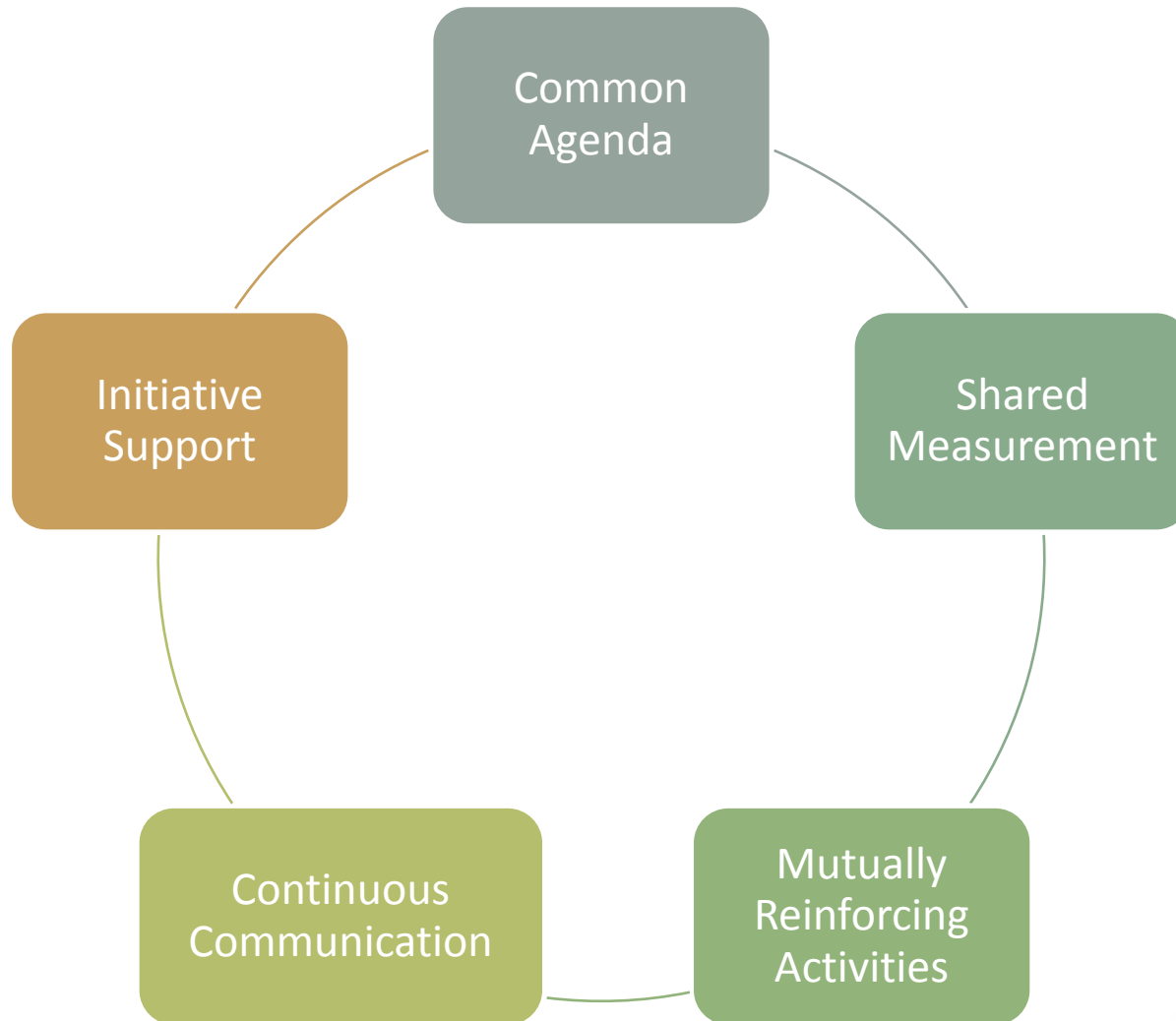
Decentralized...

Yet highly aligned approach...

That brings diverse sectors and organizations together...

To achieve a common set of results...

Five Fundamentals



Common Agenda

- Shared
- Common understanding of the problem
- Joint approach to addressing it
- Mutually agreed-upon actions

Shared Measurement

- Agree on indicators to track
- Consistent data collecting and reporting
- Mutual accountability for results

Mutually Reinforcing Activities

- Participant activities differentiated, yet coordinated
- Mutually reinforcing plan of action

Continuous Communication

- Consistent and open communication across players to...
 - Build trust
 - Reinforce work toward shared objectives
 - Create common motivation

Initiative Support

- Help unify efforts around
 - Bringing partners together
 - Providing technical assistance
 - Lining up resources
 - Organizing meetings

The infographic features a central yellow circle with the title 'Isolated Impact'. Surrounding this central circle are five green ovals, each containing a point. There are also several smaller green and yellow circles scattered around the main elements. The background is a light gray gradient.

Isolated Impact

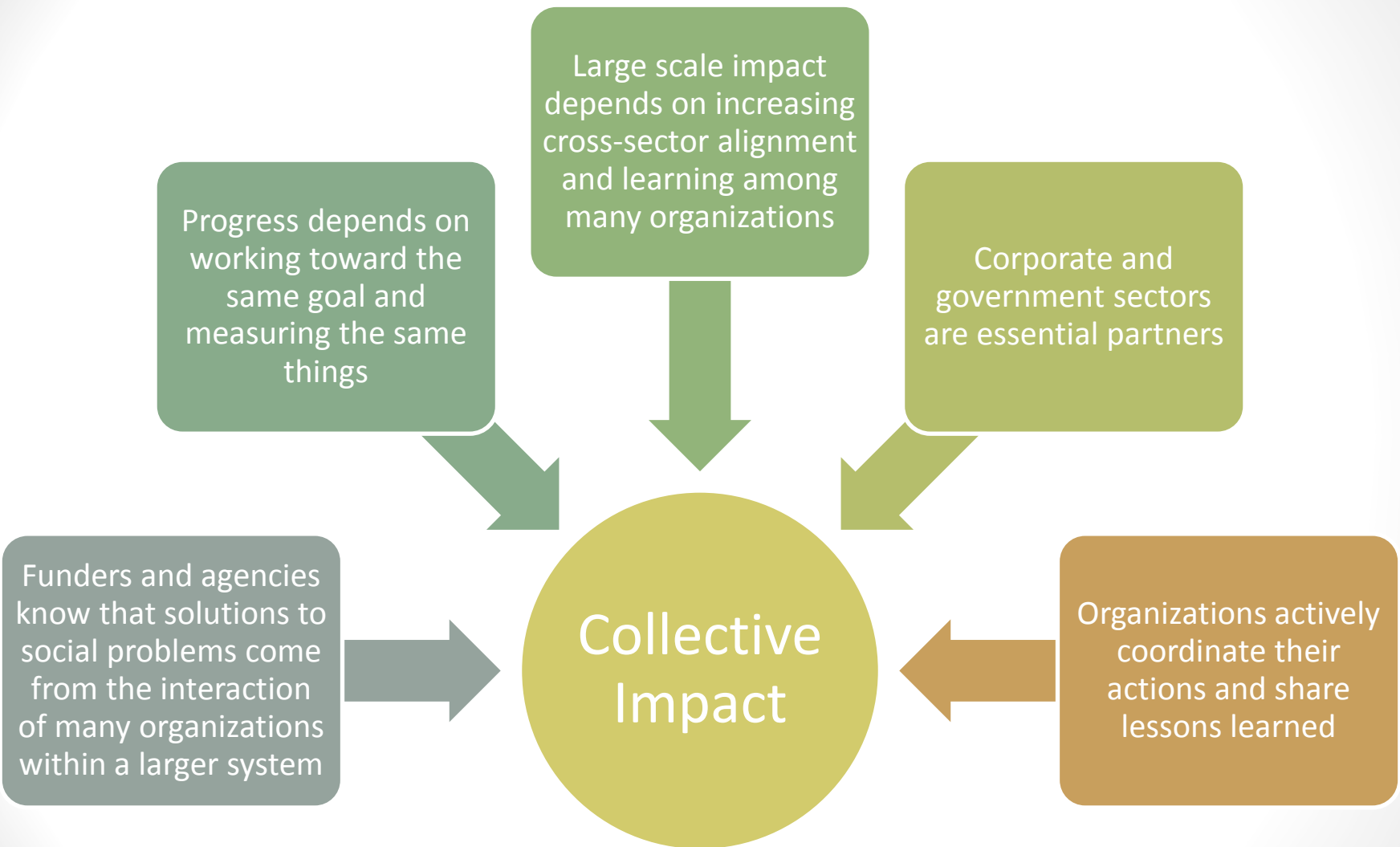
Corporate and government sectors often disconnected from efforts of foundations and nonprofits

Funders select individual grantees

Nonprofits work separately to produce greatest independent impact

Evaluation isolates particular organization's impact

Large scale change assumed to depend on scaling single organization



The Road Map for Education Results

The “Road Map Project” is a collective impact initiative aimed at getting dramatic improvement in student achievement – cradle through college/career in South Seattle and South King County.



Road Map for Education Results Goal:

Our goal is to double the number of students in South King County and South Seattle who are on track to graduate from college or earn a career credential by 2020. We are committed to nothing less than closing the unacceptable achievement gaps for low income students and children of color, and increasing achievement for all students from cradle to college and career.

2020 Goal

**Improved Outcomes
Across Road Map
Indicators**



**Regionwide System Building Strategies and
Actions**

Aligned Organizational Actions

- *Early learning providers*
- *Districts*
- *Community colleges*
- *Youth development organizations*
- *Place-based projects*
- *4-year institutions*

**Robust Data
Capacity**

**Powerful
Community
Voice**

**Aligned
Funding**

The project is tracking a series of shared indicators

Readiness

Healthy and
ready for
Kindergarten

Achievement

Supported and
successful in
school

Graduate from
high school --
college and
career-ready

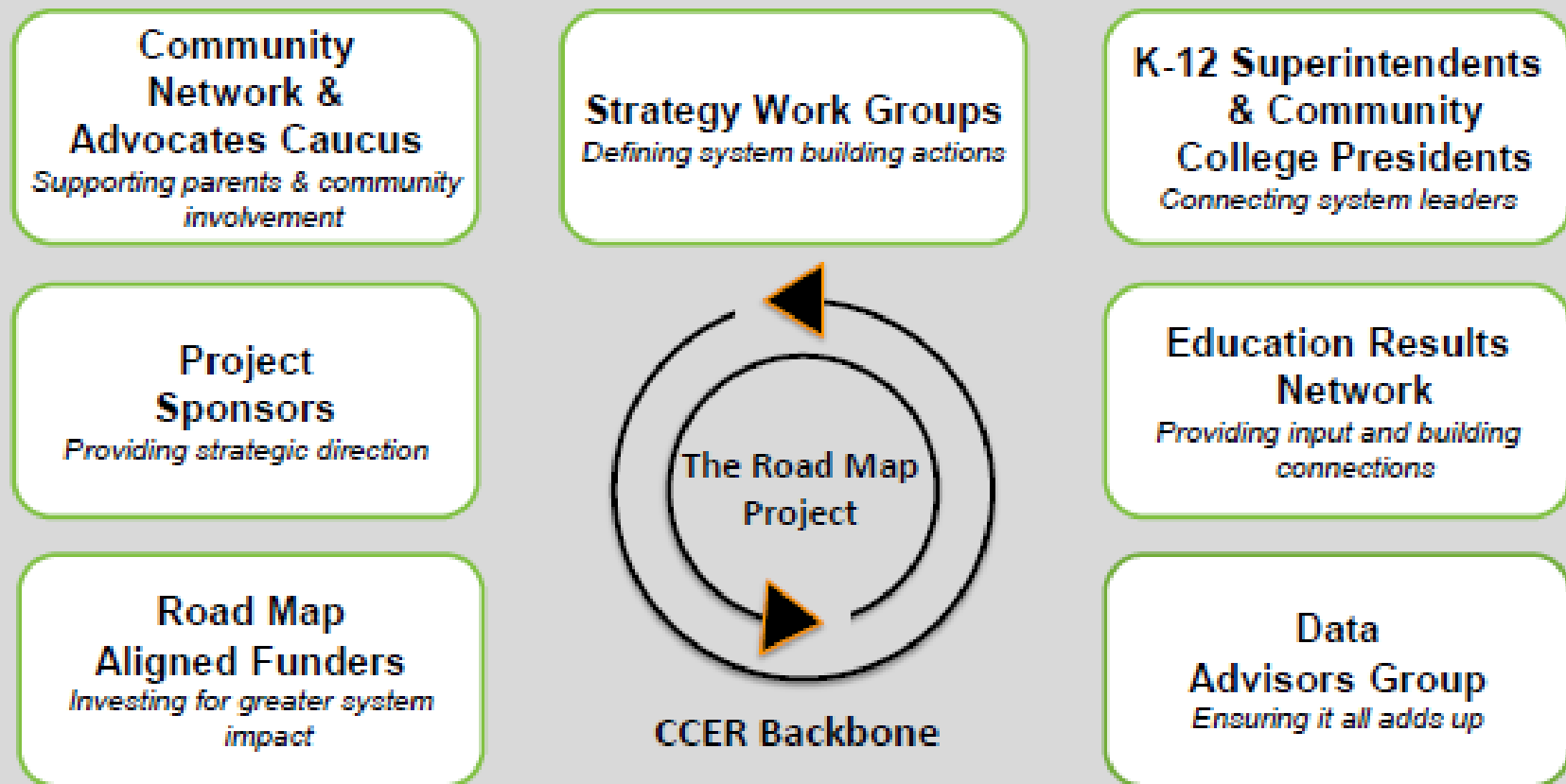
Attainment

Earn a college
degree or career
credential

We will report on our progress using the following measures:

- % children meeting kindergarten readiness standards
- % children accessing comprehensive medical and dental care
- % eligible children enrolled in evidence-based early learning programs
- % students proficient in 3rd grade reading
- % students proficient in 4th grade math
- % 9th graders who pass end of course algebra exam
- % students motivated and engaged to succeed in school
- % students who are not triggering all three Early Warning indicators
- % parents who believe a college degree is important and actively support their child's education
- % students graduating high school meeting proposed Washington State graduation requirements
- % students who take SAT/ACT and/or take a community college placement test in high school
- % high school graduates who take developmental education courses in college
- % students who earn a post-secondary credential by age 26
- % students who enroll in postsecondary education
- % students who persist year to year

Overall, there are a wide array of stakeholders participating in several groups to contribute to the project



Questions & Discussion

- What questions do you have about how collective impact works?
- What about this approach would work well for unifying health and human services?
- What factors might get in the way?
- What would we have to pay special attention to?

The Transformation Design

Health and Human Services Transformation Panel

March 20, 2013

What We Mean by *Care*

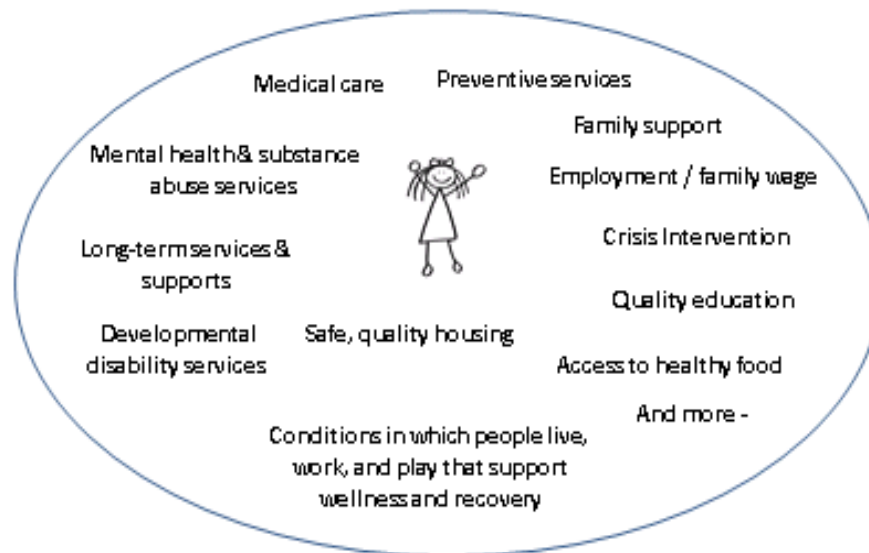
The provision of what is necessary for the health, welfare, maintenance, and protection of someone or something

At the Heart of Transformation

Two Levels of Effort:

1. Individuals and Families
2. The Community

Individuals and Families at the Center and in the context of their community



Overview of the Evolution of Care

Yesterday v. 1.0

- Sick care focus: little \$ for prevention & early intervention
- Uncoordinated care
- Lack of integration (silos of excellence)
- Minimal reporting of quality and outcomes
- Pay for volume
- Minimal transparency
- Bifurcation: Health-Human Services

Today v. 2.0

- Shift \$ further upstream: prevention & early intervention
- High impact strategies (medical homes, chronic disease focus, housing first, care management, etc.)
- Minimal integration
- Initial reporting of quality & outcomes
- Pay for volume with bonus layer
- Initial transparency
- Beginning integration activities

Tomorrow v. 3.0

- *Health of the individual requires a healthy community; greater focus on social determinants of health*
- *Healthy population centered; further shift of \$ upstream*
- *Seamless integration of all services & supports (one care plan, one virtual care team)*
- *Robust reporting of quality and outcomes*
- *Pay for value (outcomes)*
- *High transparency*
- *Seamless integration of health and human services*

Recap of February 27th Session

- Heard about care system approaches in Vermont and Bend
- Small group discussions about what we can learn from Vermont, Missouri, Atlanta, The Google
- Upshot 1: aspects of all (well, maybe not the Google!) could improve care
- Upshot 2: most involve more cross-systems features than we have now
- Upshot 3: our challenge is to factor in our complexity
- Upshot 4: high impact strategies are key – where should we focus first

Next: System-level Organization

- Uses a collective impact approach
 - Follows our principles
 - Brings together multiple sectors
 - Engages the community
 - Agrees on intended results
 - Identifies measures and reporting
 - Communicates across sectors and agencies

A Collective Impact Approach

Goal

Use public and private resources to effectively and efficiently achieve better health, better care, and better costs to support individuals and communities in realizing their full potential

Method

A Collective Impact approach that brings together multiple sectors to achieve a specific set of outcomes related to the goal



Convene Collective Impact Initiative



Support Functions

Convening and Facilitation * Communications * Measurement and Reporting * Training/TA

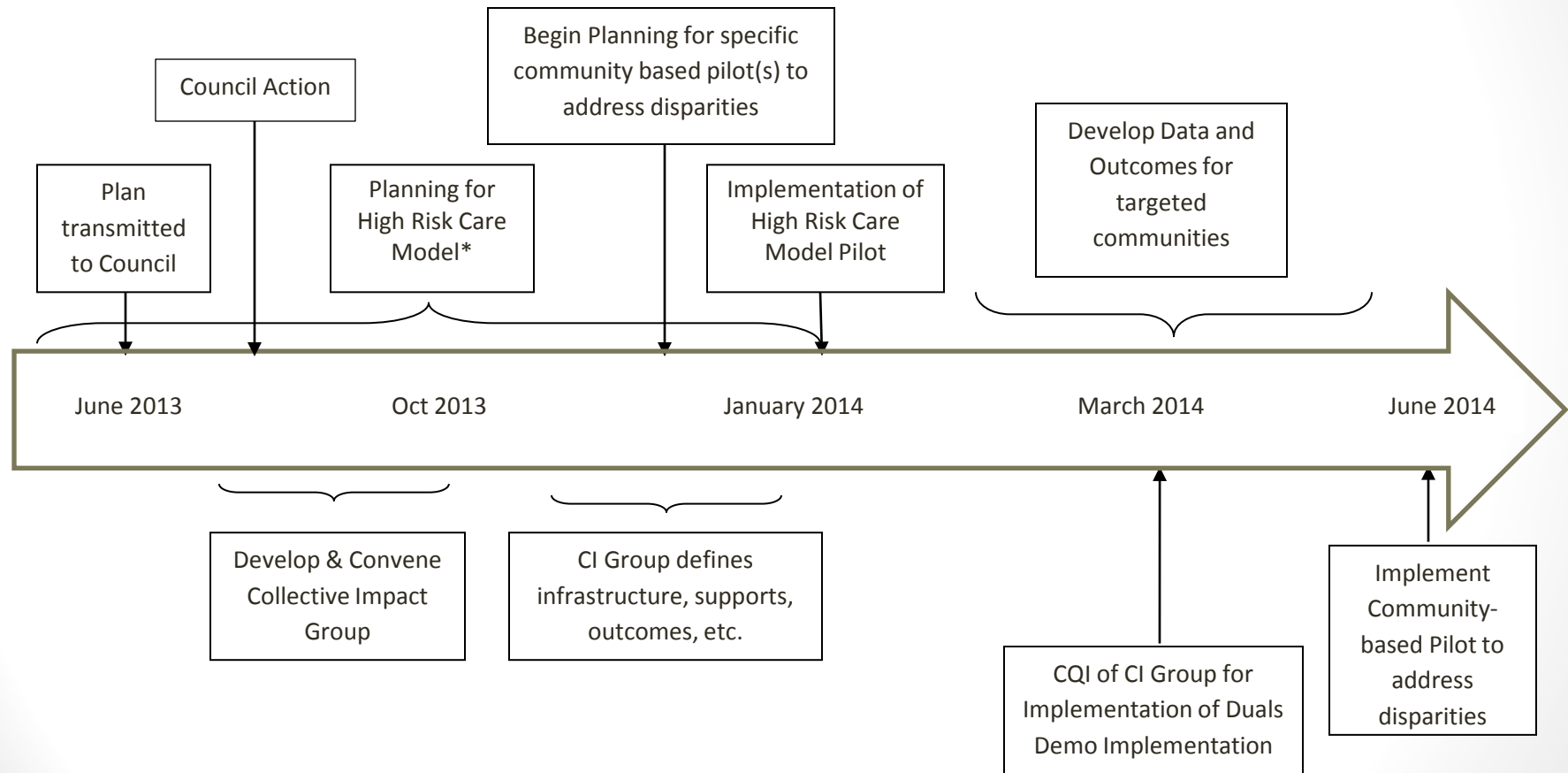
Questions and Discussion

- What questions do you have about how a collective impact approach could work for transforming our system?
- What features of this approach make sense to you?
- Which aspects concern you?

A Proposed Starting Place

- High Risk Care Model Pilot
- Community-based Disparities Pilot

Health and Human Services Transformation Draft Timeline - Year One Implementation



**The Duals Demo Project is a key opportunity for testing a model for high-risk/high cost individuals and therefore, work on this key ingredient of the transformation design is accelerated due to the timeline for the duals project*

Covering King County

King County Health Reform Planning Team

March 25, 2013

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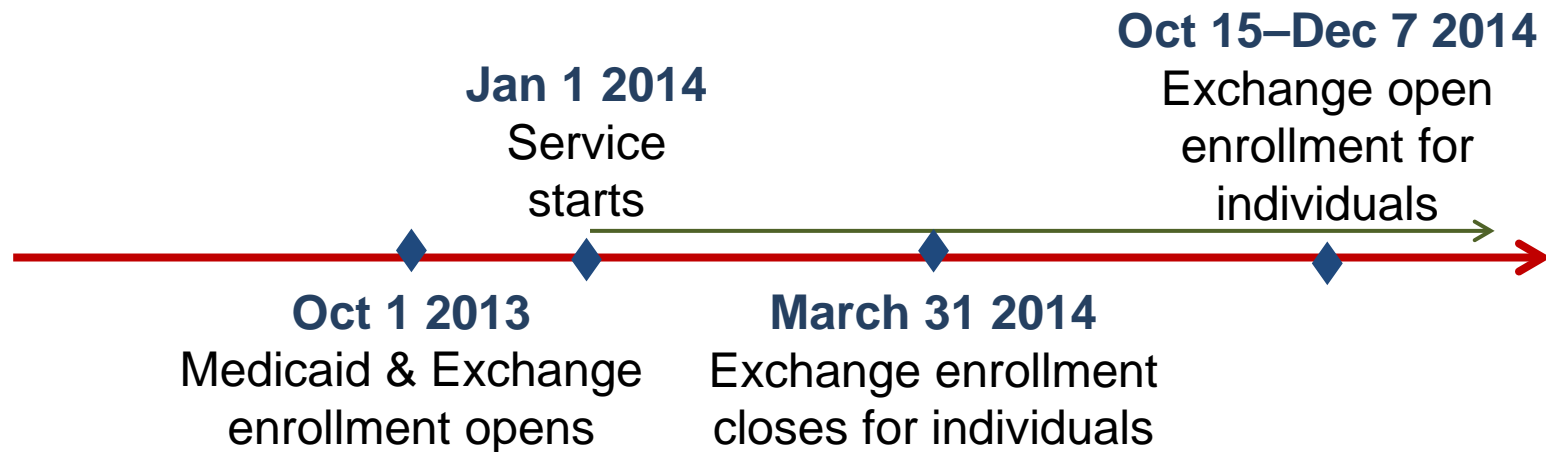
Presentation Overview

- King County's Healthcare Coverage Initiative
- Exchange In-Person Assistor Grant
- Questions

Changes Starting Jan. 1, 2014

1. Most individuals will be **required to have health coverage** or be penalized
2. New **affordable coverage options** will be available:
 - **Medicaid** coverage will be expanded to 138% FPL
 - **Health Benefit Exchange** will provide individuals & small businesses private health coverage options for purchase
 - **Subsidies and tax credits** will be available to help make coverage more affordable
3. **Large employers** (50+ employees) will be required to provide coverage

Timeline for Enrollment



Medicaid enrollment is continuous, but Exchange enrollment is limited to an open enrollment period.

What does this mean for our community?

- New Medicaid coverage for about **80,000** uninsured King County residents
- Affordable insurance options for over **100,000** uninsured individuals and about **68,000** small businesses through the Exchange

Our Outreach & Enrollment Plan

- Education and encourage enrollment through multiple communications and outreach strategies
- Targeted enrollment assistance to newly eligible at convenient sites
- Education and outreach to businesses

Keys to Success

- Collaboration with community partners and organizations that interact with those eligible
- Build on effective outreach and enrollment strategies by PHSKC's Access & Outreach team and create new methods
- Build on federal and state efforts
- Creation of a culturally and linguistically competent, consumer-driven, multi-faceted campaign

Timeline

- Phase I: Now – May 2013
 - Select communications consultant
 - Develop campaign plan
 - Complete outreach needs analysis by A&O team
 - Identify partners
 - Apply for Navigator grant
 - Develop key messages and outreach materials in collaboration with State
 - Distribute “Change is coming” message (March – April)

Timeline

- Phase II: June 2013 – April 2014
 - Provide training and technical assistance to partners and Health Educators
 - Begin Navigator program (hopefully!)
 - Implement outreach strategies: big push begins late summer
 - State opens enrollment October 1
 - Conduct regular performance monitoring

Who are our partners?

Executive's Leadership Circle

- Local leaders called to **lead outreach in their sectors** and **advise on outreach and enrollment strategies**
 - Business, local governments, health care, professional associations, community-based agencies, civic groups, colleges & universities, faith community, media, etc.
- 3 co-chairs: Tom Gibbon-Swedish; Maud Daudon-Seattle Chamber of Commerce; Gordon McHenry, Jr.-Solid Ground
- Executive Committee & General Members Group

Who are our partners?

- First Friday Forum members (70 + agencies)
- Hospitals
- Businesses
- State agencies (Health Care Authority, Health Benefit Exchange)
- All KC Departments through the Equity & Social Justice Interbranch Team
- And many more (including all of you!)

In-Person Assistor Grant

- Application for Lead Organizations due April 22, 2013
- Public Health is planning to apply to be a Lead Organization
- Network will be determined through an RFQ process

Questions?